

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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GUY P. JONES
EDITOR

*The Place of the Expert in the Health Department**

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The state health officer frequently asks the Schools of Public Health to send him a highly trained man in some special field of public health, such as epidemiology, vital statistics, sanitary engineering, child hygiene, etc. More and more frequently the state health officers are sending us some young intelligent appointee of their own selection for training in a special field.

In some instances the results have been most satisfactory; other cases apparently just as promising have resulted in utter failure. Is it not possible that these failures have occurred, not entirely because of faulty training of the individual, but in part because of a lack of understanding by the administrator of the limitations of the individual who has had highly specialized training?

I wish to point out that specialized training does not, *per se*, prepare a man for administrative responsibility. In fact, specialized training may develop certain limitations which, if not appreciated and understood and controlled, may mitigate against good administration.

Dr. H. J. Laski, professor of Political Science of

the University of London, has recently pointed out the limitations of the expert in political science. Some of his ideas are directly applicable to the field of public health and I shall borrow freely from his conclusions in developing my thesis.

In the first place, the individual with specialized knowledge fails to see things in their proper perspective. This is well illustrated in the field of mental hygiene. The psychiatrist who has become immersed in the doctrines of Freud and has secured some brilliant results through psychoanalysis beholds the whole world as filled with abnormal personalities. Every remark made by a friend is interpreted as some subconscious unfulfilled wish.

The specialist develops an inability to accept new views, even where the measurement of truth is easily secured. The very novelty of the conception is fatal to immediate acceptance. Witness the discovery of the prevention of smallpox by Jenner and his difficulty in convincing his colleagues of its worth, or the reluctance with which the mode of transmission of yellow fever was accepted. Perhaps Rosenow's hypothesis of mutation of bacteria belongs in this category.

The expert is imbued with the caste spirit. When we pick up any scientific article, we do not ask "What is its content?" but rather "What is the standing of

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the author?" "Where does he work?" In fact, the whole medical profession is a great offender in this respect. For example, the value of massage as a therapeutic measure in many conditions is not acceptable because it has been promoted by individuals who do not belong to the proper caste.

The expert has an unfortunate lack of humility. The development of condescension by the expert toward all ordinary people is maddening. There springs to your mind at once the picture of the great professor of a specialty in any of our large universities, stupidly brilliant, with studied affectation, the local oracle "first in the small Iberian village," surrounded by his satellites, all those outside favored circle being "untouchables." Because the expert knows a great deal about one subject, he assumes that his judgment is infallible on entirely unrelated subjects. This quality is not limited to physicians. A man may be, for example, an expert in business affairs and even an able politician but when he invades the field of dental hygiene, he makes ludicrous mistakes.

In the fourth place, an individual who immerses himself in the routine of a special field lacks a flexibility of mind. He can not adapt himself readily to novel situations. He unduly discounts experience which does not tally with his own, rarely understands the point of view of the average man, and is impatient with those who require explanation of things which are self-evident to him. Since his work is technical, and thus mysterious, he feels that his conclusions must be accepted by others without question.

* * * * *

Any specialist, be he practicing physician, epidemiologist, statistician, sanitary engineer or what not, who attempts to act as an administrator in terms of his specialty will surely fail. The wisdom needed for direction is not an expert technique but a balanced equilibrium. The administrator must have a knowledge of how to use men, and good judgment as to the practicability of any given project. His ability consists not so much in the possession of specialized knowledge as in the ability to use its results at the proper time and in the proper direction.

It is obvious that the expert's training does not fit him for those qualities which make for success in leading the mass of people. He has too little experience in the need of rapid decision and is not trained in the art of convincing the plain man. He lacks insight into the movement and temper of the public mind, he can not manipulate the opinion and prejudices he encounters. He has not learned the art of persuading people into accepting a thing they do not fully under-

stand and does not comprehend why his technical formulae do not carry conviction.

Now the health administrator's fundamental task is the utilization of the knowledge and talents of his staff, without participating in their experience. He must use supreme common sense in relation to expert affairs. He outlines the possible limits of any project, measures what can be done with the materials and funds at hand, persuades antagonistic views among his staff, and coordinates the activities of his experts into a coherent, workable, balanced program.

At times he must make decisions without giving reasons for them; he knows where to take risks and sometimes will trust his subconscious insight instead of reasoned analysis.

It was my privilege to work for several years in the staff of a really great public health administrator—Dr. Samuel Welch, former state health officer of Alabama. He was not a technical expert, but he knew how to utilize technical knowledge. It was a remarkable experience to watch him drive his team of young enthusiastic experts. He knew less than they did about the details of the various departments. He had to guess at the validity of their conclusions and choose between alternatives which seemed equally balanced. At times he had to decide a policy upon which his staff were not in accord. Frequently he had to urge them along new paths.

His great strength lay in his long experience in the world at large and his knowledge of men. He knew that the results of his work would not be passed upon by the expert, but by the man of the farm and the street. He knew that he could not maintain a policy over a period of years that did not meet the approval of his people. He must carry out, not what the expert thought best, but what the average citizen was willing to have done. He knew, furthermore, that no efficiency in performance of function can compensate for failure to awaken the interest of the citizens in what is being done for them in their own community.

It might appear from this discussion that I am attempting to erect an insuperable barrier between the province of the administrator and the technical expert; that the technician can never acquire the qualities which lead to success in administrative procedure, or that the administrator can never master technical details. Examples in your own experience occur to you at once which refute this hypothesis. It is obvious, however, that *special technical training DOES NOT prepare a man for administrative leadership.*

Because of the very limitations of the capabilities of the human brain, no individual can become an

expert in many fields. The process of acquiring special knowledge in one field by necessity results in limitation of usefulness in others. Some of these limitations we have indicated. In recapitulation they are:

1. Failure to see things in proper perspective.
2. Difficulty in accepting new viewpoints.
3. Permeation with the caste spirit.
4. Lack of humility.
5. Failure to use common sense as a chief criterion in making a decision.

Thus it is inevitable that an expert who attempts to act as an administrator in terms of his specialty will fail. He must, in addition to his technical knowledge, have a knowledge of men, must be able to interpret his work to the multitude and must build his foundation on the judgment of the average man.

The state health officer must understand the limitations of his technical experts and must be patient with them, utilize their special abilities to the greatest advantage, give them opportunities for assuming responsibility under suitable guidance, and thus train them in the field of experience for greater service to the state.

CHANGES OF HEALTH OFFICERS

Avalon, Los Angeles County, is now under the supervision of the Los Angeles County Health Department.

Doctor J. H. Hutton has been appointed health officer of Calipatria to succeed Doctor H. J. Havalick.

Willow Glen, Santa Clara County, has come under the supervision of the Santa Clara County Health department.

Doctor Henry S. Rogers succeeds Doctor G. R. Hubbell as health officer of Petaluma.

MISS WHITE RESIGNS

Miss Sarah G. White, chief of the Bureau of Registration of Nurses of the State Department of Public Health, submitted her resignation to be effective September 5th, in order that she may become educational director of the School of Nursing, St. Luke's International Hospital, Tokio, Japan.

Miss White has been associated with this department since 1925, at which time she was appointed inspector of Schools of Nursing. When Miss Jammé left the Bureau of Registration of Nurses in 1928 Miss White was appointed chief of the bureau as her successor.

LIST OF DISEASES REPORTABLE BY LAW

| | |
|----------------------------|-------------------------|
| ANTHRAX | OPHTHALMIA NEONATORUM |
| BERI-BERI | PARATYPHOID FEVER |
| BOTULISM | PELLAGRA |
| CHICKENPOX | PLAGUE |
| CHOLERA, ASIATIC | PNEUMONIA (Lobar) |
| COCCIDIOIDAL GRANULOMA | POLIOMYELITIS |
| DENGUE | RABIES (Animal) |
| DIPHTHERIA | RABIES (Human) |
| DYSENTERY (Amoebic) | RELAPSING FEVER |
| DYSENTERY (Bacillary) | ROCKY MOUNTAIN |
| ENCEPHALITIS (Epidemic) | SPOTTED (or Tick) FEVER |
| ERYSIPELAS | SCARLET FEVER |
| FLUKES | SEPTIC SORE THROAT |
| FOOD POISONING | SMALLPOX |
| GERMAN MEASLES | SYPHILIS* |
| GLANDERS | TETANUS |
| GONOCOCCUS INFECTION* | TRACHOMA |
| HOOKWORM | TRICHINOSIS |
| INFLUENZA | TUBERCULOSIS |
| JAUNDICE (Infectious) | TULAREMIA |
| LEPROSY | TYPHOID FEVER |
| MALARIA | TYPHUS FEVER |
| MEASLES | UNDULANT (Malta) FEVER |
| MENINGITIS (Meningococcic) | WHOOPING COUGH |
| MENINGITIS (Cerebrospinal) | YELLOW FEVER |
| MUMPS | |

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES

| | |
|-------------------------------------|---------------|
| CEREBROSPINAL MENINGITIS (Epidemic) | POLIOMYELITIS |
| CHOLERA, ASIATIC | SCARLET FEVER |
| DIPHTHERIA | SMALLPOX |
| ENCEPHALITIS (Epidemic) | TYPHOID FEVER |
| LEPROSY | TYPHUS FEVER |
| PLAGUE | YELLOW FEVER |

PRENATAL CARE INSTITUTE AT SACRAMENTO

An institute on prenatal care was held in Sacramento, at which 117 nurses were in attendance. The Sacramento County Hospital provided space for the institute and exhibit. Following the institute, the local staff, assisted by the Bureau of Child Hygiene, demonstrated details of prenatal care as carried on in the hospital, and assisted in the conduct of one of the regular clinics, where 67 expectant mothers were interviewed. Details are now under way for carrying on a similar prenatal institute during the summer season of the University of California at Los Angeles.

A slight ailment often promotes longevity.—O. W. Holmes.

The methods of quackery are merely a theft from the most ancient phases of folk medicine.—Sudhoff.

MORBIDITY*

Diphtheria.

31 cases of diphtheria have been reported, as follows: Bakersfield 1, Los Angeles County 4, Huntington Park 1, Los

* From reports received on September 7th and 8th for week ending September 5th.

Angeles 8, Maywood 1, Huntington Beach 1, Placentia 1, Corona 1, Sacramento 6, San Bernardino County 3, San Diego 2, Santa Barbara 1, Fillmore 1.

Scarlet Fever.

61 cases of scarlet fever have been reported, as follows: Oakland 7, Eureka 1, Los Angeles County 3, Alhambra 1, Glendale 1, Los Angeles 8, Pasadena 2, Santa Monica 1, Hawthorne 1, Marin County 1, Placentia 1, Riverside 1, San Francisco 6, Stockton 2, San Jose 1, Watsonville 1, Sonoma County 21, Stanislaus County 2.

Measles.

57 cases of measles have been reported, as follows: Berkeley 1, Oakland 2, Contra Costa County 3, Eureka 3, Culver City 1, Long Beach 1, Los Angeles 6, Hawthorne 1, Monterey Park 1, Orange County 1, Sacramento 3, San Bernardino County 2, San Diego 1, San Francisco 20, Stockton 2, San Luis Obispo 8, Sunnyvale 1.

Smallpox.

3 cases of smallpox have been reported, as follows: Hanford 1, Trinity County 1, Tuolumne County 1.

Typhoid Fever.

15 cases of typhoid fever have been reported, as follows: Oakland 1, Selma 1, Inyo County 1, Claremont 1, Los Angeles 1, Gardena 1, Sacramento County 1, San Bernardino County 1, San Francisco 2, Santa Barbara 1, Sonoma County 1, Tulare County 2, California 1.**

Whooping Cough.

156 cases of whooping cough have been reported, as follows: Alameda 1, Albany 1, Berkeley 9, Oakland 13, Reedley 2, Los Angeles County 33, Alhambra 1, Azusa 1, Compton 2, Glendale

1, Los Angeles 12, Pasadena 4, San Gabriel 2, Sierra Madre 2, Orange County 7, Anaheim 2, Sacramento 5, Coronado 4, La Mesa 1, San Diego 3, San Francisco 13, San Joaquin County 2, Stockton 16, Tracy 2, San Luis Obispo County 5, Daly City 1, Santa Barbara 6, San Jose 3, Fillmore 2.

Poliomyelitis.

8 cases of poliomyelitis have been reported, as follows: Los Angeles County 2, Los Angeles 5, San Joaquin County 1.

Encephalitis (Epidemic).

San Francisco reported one case of epidemic encephalitis.

Jaundice (Epidemic).

Huntington Park reported one case of epidemic jaundice.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Los Angeles County 1, Orange County 1.

Septic Sore Throat.

Alameda reported one case of septic sore throat.

Relapsing Fever.

Placer County reported one case of relapsing fever.

Meningitis (Epidemic).

Los Angeles reported 2 cases of epidemic meningitis.

Coccidioidal Granuloma.

Los Angeles reported one case of coccidioidal granuloma.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

| Disease | 1931 | | | | 1930 | | | |
|-------------------------|-------------|---------|---------|---|-------------|---------|---------|--|
| | Week ending | | | Reports for week ending Sept. 5 received by Sept. 9 | Week ending | | | Reports for week ending Sept. 6 received by Sept. 10 |
| | Aug. 15 | Aug. 22 | Aug. 29 | | Aug. 16 | Aug. 23 | Aug. 30 | |
| Anthrax | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 |
| Chickenpox | 49 | 20 | 27 | 23 | 27 | 50 | 24 | 42 |
| Coccidioidal Granuloma | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Diphtheria | 37 | 48 | 31 | 31 | 43 | 37 | 30 | 30 |
| Dysentery (Amoebic) | 1 | 1 | 3 | 1 | 0 | 2 | 2 | 1 |
| Dysentery (Bacillary) | 1 | 3 | 3 | 8 | 1 | 2 | 2 | 1 |
| Encephalitis (Epidemic) | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 3 |
| Erysipelas | 19 | 8 | 8 | 6 | 8 | 8 | 3 | 9 |
| Food Poisoning | 7 | 5 | 2 | 0 | 31 | 0 | 34 | 10 |
| German Measles | 6 | 10 | 2 | 2 | 2 | 4 | 9 | 8 |
| Gonococcus Infection | 180 | 211 | 293 | 173 | 148 | 202 | 121 | 101 |
| Hookworm | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Influenza | 12 | 8 | 15 | 20 | 1 | 13 | 17 | 13 |
| Jaundice (Epidemic) | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 |
| Leprosy | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Malaria | 1 | 2 | 0 | 1 | 3 | 3 | 23 | 3 |
| Measles | 53 | 31 | 49 | 57 | 89 | 60 | 79 | 40 |
| Meningitis (Epidemic) | 2 | 7 | 4 | 2 | 3 | 5 | 5 | 2 |
| Mumps | 34 | 40 | 24 | 29 | 106 | 93 | 62 | 67 |
| Ophthalmia Neonatorum | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paratyphoid Fever | 2 | 4 | 0 | 2 | 1 | 1 | 0 | 0 |
| Pellagra | 0 | 3 | 1 | 2 | 2 | 0 | 4 | 0 |
| Pneumonia (Lobar) | 23 | 32 | 25 | 14 | 18 | 20 | 36 | 33 |
| Poliomyelitis | 4 | 4 | 6 | 8 | 51 | 60 | 62 | 53 |
| Rabies (Animal) | 8 | 8 | 11 | 2 | 5 | 18 | 12 | 16 |
| Relapsing Fever | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 |
| Scarlet Fever | 21 | 39 | 57 | 61 | 29 | 35 | 35 | 32 |
| Septic Sore Throat | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Smallpox | 1 | 9 | 4 | 3 | 12 | 10 | 13 | 11 |
| Syphilis | 194 | 190 | 219 | 182 | 147 | 205 | 140 | 107 |
| Tetanus | 0 | 0 | 0 | 1 | 0 | 3 | 1 | 1 |
| Trachoma | 3 | 2 | 1 | 5 | 1 | 3 | 3 | 3 |
| Trichinosis | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Tuberculosis | 262 | 194 | 183 | 145 | 176 | 178 | 201 | 225 |
| Tularemia | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Typhoid Fever | 14 | 21 | 22 | 15 | 24 | 19 | 18 | 14 |
| Undulant Fever | 0 | 0 | 3 | 2 | 1 | 2 | 3 | 2 |
| Whooping Cough | 172 | 180 | 175 | 156 | 78 | 103 | 102 | 93 |
| Totals | 1,110 | 1,081 | 1,176 | 956 | 1,010 | 1,139 | 1,046 | 920 |

Only two cases of animal rabies reported this week.

Another case of relapsing fever reported; this case diagnosed during the patient's fifth attack.

The low incidence of smallpox is worthy of comment—three cases reported.